

**ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY**

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**SPONSORING ORGANIZATION CEU APPROVAL REQUEST FORM**

**INSTRUCTIONS:** This form is to be completed by person(s) or organization(s) requesting approval for CEU's not previously approved by NBCC, or AAMFT or their affiliate divisions. Upon receipt of a complete CEU Approval Request Form, the request will be forwarded to the ALAMFT CEU Committee for their review. You will be notified in writing of the committees' conclusion as soon as possible.

Contact Person: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Type of Hours Earned:

Location of Seminar: \_\_\_\_\_ ☐ Clinical MFT

Title: \_\_\_\_\_ ☐ Professional Ethics

Brief Description: \_\_\_\_\_ ☐ Supervision

\_\_\_\_\_ ☐ Other \_\_\_\_\_

Principal Instructor: \_\_\_\_\_

Dates: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

1. How does the content of the activity fit into one of the ABEMFT approved content areas (see attached list of ABEMFT approved content areas)? \_\_\_\_\_

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2. How is the activity geared toward mental health or family therapy professionals? \_\_\_\_\_

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3. How does the activity assist individuals in their roles as MFTs? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_
4. Do the presenters possess recognized credentials and experience related to the content of the activity? What were they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have the presenters identified a target audience for the activity? Does the material seem appropriate for the target audience (e.g., if they are targeting seasoned clinicians, is the material to be presented appropriate for this group?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. If a teleconference, how does it provide an opportunity to interact with the instructor or facilitator? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If the activity is self-help in nature, how does it include a component on how to pass the material on to clients? \_\_\_\_\_

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8. Does the program increase the participants' skills or knowledge in the practice of MFT? \_\_\_\_\_

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9. Is the procedure for documenting and certifying contact hours clear and acceptable? \_\_\_\_\_

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